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CONFIRMATION NO. 7847

SERIAL NUMBER 10/614,628	FILING DATE 07/03/2003 RULE	CLASS 711	GROUP ART UNIT 2188	ATTORNEY DOCKET NO. AUS920030164US1
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APPLICANTS

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** CONTINUING DATA *****
No Con data

** FOREIGN APPLICATIONS *****
No Foreign Data

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 10/02/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>allowance</i> Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>allowance</i> Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>	STATE OR COUNTRY TX	SHEETS DRAWING 4	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 5
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TITLE

Page replacement with a re-reference indicator

FILING FEE RECEIVED 918	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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